



Household Hazardous Waste / Conditionally Exempt Small Quantity Generator 1999 FIXED FACILITY - ANNUAL REPORT

INSTRUCTIONS

Note: Each letter corresponds to a section of the attached reporting form.

- A. Provide the name of the facility. If there is more than **one facility**, and the wastes are recorded cumulatively, indicate in the space provided **OR** if there are separate collection quantities for each facility, make a photocopy of the form **for each facility**.
- B. Check the appropriate waste category accepted. If you accept both waste categories, copy this form to report them **separately**. Please do **not** combine HHW and CESQG on one form.

Caution: Survey forms that contain a combination of HHW *and* CESQG data will not be accepted.

- C.-E. Provide the facility name, address, telephone number, and hours/days when open.
- F. **If applicable**, indicate when the facility opened and plans for future facilities.
- G.-H. Check "YES" if you received waste in 1999 and if you used the services of an environmental contractor. Provide the contractor's name, address, telephone number, fax number and E-Mail address (if applicable), and what type of service was provided by the environmental contractor.
- I. If there are restrictions on waste received, check the source (e.g. household only waste), type (e.g. paint and oil), amount (e.g. 5 gallons per person per day).
- J – L Using the waste unit codes and waste disposal method codes, check the appropriate box for waste collected at the fixed facility and fill in quantities collected.
- M. If applicable, check the appropriate waste quantities reported from collection events or mobile collections. Please include location and dates.
- N. Specify changes in waste types considered or changed in 1999.
- O. Indicate the number of participants or vehicle count (and total customers served, if different) for Households **OR** CESQGs. **Remember!** Copy the form to report HHW and CESQG collection **separately**. **Do not** combine HHW and CESQG data on one form.
- P. Indicate the costs for the disposal of waste by the contractor and cost incurred by local jurisdiction for the fixed facility. Also show paid and volunteer hours.

Make sure that you have completed, signed, and dated this form.

The preparer is the person who has prepared the survey forms. Provide the name, address, telephone number, E-Mail address, and title of who is familiar with the regulations and in-charge of overseeing the operations.



Household Hazardous Waste/Conditionally Exempt Small Quantity Generator FIXED FACILITY - ANNUAL REPORT FOR CALENDAR YEAR 1999

(Please complete each box)
(Please complete a separate form for HHW versus CESQG wastes collected)

| | | | | | | | |
|--|--|--|-------------------|------------------|---|----------------|--|
| A. FACILITY NAME(S) This is the : <input type="checkbox"/> Main OR <input type="checkbox"/> Satellite/Remote Fixed Facility | B. WASTE ACCEPTED (check only one per form) <input type="checkbox"/> HHW <input type="checkbox"/> CESQG (If both, copy this form to report HHW and CESQG separately.) | | | | | | |
| C. FACILITY ADDRESS _____ _____ (city) _____ (state) _____ (zip) _____ | D. COUNTY _____ | | | | | | |
| | E. FACILITY PHONE (_____) _____ HOURS / DAYS OPEN _____ | | | | | | |
| | F. YEAR THIS FACILITY OPENED _____ Do you plan on opening more MRW facilities? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, when and where? _____ | | | | | | |
| G. DID YOU RECEIVE WASTE IN 1999? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, proceed to item H. If NO, please answer the following questions, sign, date and return which will complete your reporting obligations for this form. When did you stop taking waste? _____ Do you plan to reopen? <input type="checkbox"/> NO <input type="checkbox"/> YES When? _____ If YES, what type of facility? _____ | | | | | | | |
| H. DID YOU USE THE SERVICES OF AN ENVIRONMENTAL CONTRACTOR IN 1999? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, 1. Name(s) of contractor(s) _____ Contact person _____ Address _____ Phone No. _____ Fax No. _____ E-MAIL Address _____ What type of service was provided? (recycle oil, dispose of waste, etc.) _____ 2. Name(s) of contractor(s) _____ Contact person _____ Address _____ Phone No. _____ Fax No. _____ E-MAIL Address _____ What type of service was provided? (recycle oil, dispose of waste, etc.) _____ | | | | | | | |
| I. ARE THERE RESTRICTIONS ON WASTE RECEIVED AT YOUR FACILITY, BASED ON: <input type="checkbox"/> Source (specify) _____ <input type="checkbox"/> Type (specify) _____ <input type="checkbox"/> Amount (specify) _____ | | | | | | | |
| J. WASTE UNITS Please report amounts by the following units, as appropriate for the waste types on the following page (all drums are assumed to be 55s): <table><tr><td>BU Bulk Drums (e.g., latex paint)</td><td>GA Gallons</td><td>PO Pounds</td></tr><tr><td>LO Loose Pack Drums (e.g., aerosol cans)</td><td>EA Each</td><td>LA Labpack Drums (e.g., pesticides, solid flammables)</td></tr></table> | | BU Bulk Drums (e.g., latex paint) | GA Gallons | PO Pounds | LO Loose Pack Drums (e.g., aerosol cans) | EA Each | LA Labpack Drums (e.g., pesticides, solid flammables) |
| BU Bulk Drums (e.g., latex paint) | GA Gallons | PO Pounds | | | | | |
| LO Loose Pack Drums (e.g., aerosol cans) | EA Each | LA Labpack Drums (e.g., pesticides, solid flammables) | | | | | |

(continued on back)

K. WASTE DISPOSAL METHODS**(One disposal method per line, or provide separate quantities and units if same waste has different disposal methods.)**

For each waste type, indicate disposal methods by bold letter in the "Disposal" column below:

- U** Reused. Reusing waste materials such as latex paint or pesticides without processing the material, e.g., by exchange.
- R** Recycled. A process of transforming material into usable or marketable material.
- E** Energy recovery. A process of converting used oil into usable energy, e.g., oil burned to recover energy or heat building.
- T** Treated/solid waste LF. Physical, chemical, or biological processing of waste prior to landfilling.
- W** Wastewater disposal with or without pretreatment processing.
- H** Hazardous waste facility. Waste materials sent to a facility where dangerous waste is placed such as hazardous waste landfill or a treatment, storage and disposal facility (TSD).
- S** Disposal to a solid waste landfill without treatment.
- O** Other. Other methods of disposal _____

L. PLEASE CHECK IF RECEIVED, RECORD Quantity and Units (see J) & DISPOSAL METHODS (U, R, E, T, H, O, W, see above)

| WASTE TYPE (DOT Class) | Quantity | Units | Disposal | WASTE TYPE (DOT Class) | Quantity | Units | Disposal |
|--|----------|-------|----------|--|----------|-------|----------|
| <input type="checkbox"/> 1a. Acids (8) | | | | <input type="checkbox"/> 14. Latex Paint | | | |
| <input type="checkbox"/> 1b. Acids (8) [aerosol cans] | | | | <input type="checkbox"/> 15. Lead Acid Batteries | | EA | |
| <input type="checkbox"/> 2. Antifreeze | | | | <input type="checkbox"/> 16. Oil Based Paint | | | |
| <input type="checkbox"/> 3a. Bases (8) | | | | <input type="checkbox"/> 17. Oil Contaminated | | | |
| <input type="checkbox"/> 3b. Bases (8) [aerosol cans] | | | | <input type="checkbox"/> 18. Oil Filters | | | |
| <input type="checkbox"/> 4. CFC / Freon | | | | <input type="checkbox"/> 19. Oil Filters Crushed | | | |
| <input type="checkbox"/> 5. CFC / Freon Filters | | | | <input type="checkbox"/> 20. Oil Non-Contaminated | | | |
| <input type="checkbox"/> 6. Chlorinated Solvents | | | | <input type="checkbox"/> 21. Oil with Chlorides | | | |
| <input type="checkbox"/> 7. Crushed Cans | | | | <input type="checkbox"/> 22. Oil with PCBs | | | |
| <input type="checkbox"/> 8. Dry Cell Batteries | | | | <input type="checkbox"/> 23. Other Dangerous Wastes | | PO | |
| <input type="checkbox"/> 9. Flammable Solids (4) | | | | <input type="checkbox"/> 24. Organic Peroxides (5.2) | | | |
| <input type="checkbox"/> 10a. Flammable Liquids (3) | | | | <input type="checkbox"/> 25. Oxidizers (5.1) | | | |
| <input type="checkbox"/> 10b. Flammable. Liquids (3) [aerosol cans] | | LO | | <input type="checkbox"/> 26. Personal Protection Equip. | | PO | |
| <input type="checkbox"/> 11a. Flammable Liquids – Poison (3, 6.1) | | | | <input type="checkbox"/> 27. Pesticide/Poison Liquid (6.1) | | | |
| <input type="checkbox"/> 11b. Flam Liq, Poison (3, 6.1) [aerosol cans] | | | | <input type="checkbox"/> 28. Pesticide/Poison Solids (6.1) | | | |
| <input type="checkbox"/> 12. Flammable Gas (2) | | | | <input type="checkbox"/> 29. Reactives | | | |
| <input type="checkbox"/> 13a. Flammable Gas –Poison (2, 6.1) | | | | <input type="checkbox"/> 30. Other Non-Hazardous | | PO | |
| <input type="checkbox"/> 13b. Flam Gas –Poison (2, 6.1) [aerosols] | | | | | | | |

M. DOES THE WASTE REPORTED ABOVE INCLUDE THE QUANTITIES FROM?Collection Events ☐ YES ☐ NOMobile Collections ☐ YES ☐ NO

Location(s) _____

Location(s) _____

Date(s) _____

Dates(s) _____

N. CHANGES IN WASTES ACCEPTED IN 1999**Mercury-bearing waste** Currently accept? Exploring acceptance?
(fluorescents, thermostats): **Y** or **N** **Y** or **N****Used electronics**
(TVs, computers, monitors, etc.) **Y** or **N** **Y** or **N**

Specify any waste types deleted in 1999: _____

O. NUMBER OF MRW CUSTOMERS IN 1999

(Circle category of customer then put number in space to the right)

Households **OR** CESQGs participating (vehicles) _____Total Households **OR** CESQGs served (if different): _____**P. 1999 MRW FIXED FACILITY COSTS and HOURS**

Total Employee Hrs/YR _____ Open hours/wk _____

Employee Costs/YR (including benefits) \$ _____

Contractor Disposal Costs/YR \$ _____

Volunteer Hours/YR _____

Materials, Publicity, Other Costs/YR \$ _____

PREPARED BY_____
(Title) _____**DATE** _____**PHONE** (____) _____**E-MAIL ADDRESS** _____